



Final Notice Recertification Requirements and Instructions

Dear Basic Health Member:

Basic Health (BH) is required by Washington State law to periodically review members' income and program eligibility. We recently mailed you our *Recertification Requirements and Instructions*, requiring that you send proof of Washington State residency and current income documentation from all sources. To date, we have not received your response. If you have mailed your documentation, call BH at 1-800-660-9840.

To make sure that you and your covered family members still qualify for BH coverage, we must **receive** the enclosed *Recertification Form* and *Family Income Worksheet/Reporting Form*, **along with all required documentation**, by the due date shown on the *Recertification Form*. If you do not meet this deadline, **you and your covered family member(s) will be disenrolled.*** If you are disenrolled because you did not send the required documentation, you cannot reenroll in BH for at least 12 months and may have to wait for space to be available.

Please don't wait to respond. Send the documents you have now, and the rest as they are available, as long as they reach us by the due date.

If we do not receive everything requested by the due date, you will lose your health care coverage.*
This is your FINAL NOTICE.

Required Documentation:

- **Send copies of your and your spouse's federal income tax returns for the most recent tax year.** Include your IRS Form 1040 and all schedules filed, and forms K-1 if applicable - not your e-file transmittal sheet. If you don't have a copy, call the IRS at 1-800-829-1040 and request a transcript of your 1040. If you didn't file a 1040, send proof of nonfiling status from the IRS. If you are self-employed and have a Washington State Unified Business Identifier (UBI), write the number on the 1040.
- **Send copies of pay stubs and proof of all income** for the last 30 days for you and, if married, for your spouse.
- Complete and send a ***Self-Employment or Rental Income Worksheet/Reporting Form*** if you or your spouse are self-employed and:
 1. Were not required to file a tax return; or
 2. Have been in business for less than 12 months; or
 3. Have been in business for more than 12 months, but did not file a tax return.

To print a *Self-Employment or Rental Income Worksheet/Reporting Form*, visit **www.basicealth.hca.wa.gov/recert.shtml**, or call 1-800-842-7712 to request one.

- Send a **signed, dated letter from each adult who has not received income from any source**, stating they had no income for the past 30 days.

Washington State Health Care Authority
P.O. Box 42683 • Olympia, WA 98504-2683
1-800-660-9840 • FAX 360-923-2610 • TTY 360-923-2701 or Toll-free 1-888-923-5622 • www.basicealth.hca.wa.gov



- Send copies of letters or statements showing **proof of all benefits your family received.**
- Send **current proof that you live in Washington State, showing your name and current street address (not a post office box).**

Based on the documentation you send, you and your family may have a change in premium or may no longer qualify for BH coverage. You will be notified in writing of any changes. If you are disenrolled because you no longer qualify, and your situation later changes, send the new information and supporting documentation to Basic Health. If you are then determined eligible for BH, and space is available, you will be offered reenrollment. However, you may have to submit a new application.

If you or someone in your family is a full-time student in the United States on a temporary visa, that individual is not eligible for Basic Health coverage. Other family members may still be eligible. If you are not sure whether this applies to you or your family member, call 1-800-660-9840 for details.

If you are a sponsored member, you may not qualify to continue sponsorship because of a change in home address or income level, but may still qualify for BH. In that case, we will offer you individual coverage; we will bill you and, if you wish to continue coverage, you must pay BH each month.

Be sure to:

- ✓ Complete, sign, and date the *Recertification Form*.
- ✓ Include all required documentation.
- ✓ Include a completed copy of the *Family Income Worksheet/Reporting Form*.
- ✓ Send written proof that you live in Washington State.
- ✓ Send all items so they are **received** at BH by the due date. A return envelope is enclosed.

Do not delay in sending documentation. Keep a copy of all documentation for your records. **Do not send originals; your documents will not be returned.**

If you have questions, please call us at 1-800-660-9840.

Sincerely,

Basic Health

Enclosures

***Please note:** Family members enrolled in Basic Health *Plus* or the Maternity Benefits Program will continue to receive benefits as long as they remain eligible for these programs. Changes in circumstances for family members who are enrolled in these programs may be reported to the Department of Social and Health Services.